
Integrated Performance Monitoring Report

Performance Period July 2006-September 2006

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**STATE OF HAWAII
Department of Education
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Child and Adolescent Mental Health Division
Early Intervention Section**

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Department of Education

Department of Health

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Introduction

This quarterly performance report provides information about the necessary infrastructure and level of system performance for the Departments of Health and Education in providing a comprehensive system of educational, behavioral and mental health supports and services during the first quarter of fiscal year 2007 (July 2006-September 2006). It reflects the commitment of the Departments to maintain an accountable system of care, and presents data so that stakeholders have current information about outcomes for youth and how well services are provided. Reflected are the most recent data available regarding services to youth with special needs in Hawaii.

The quarterly analysis and publication of trends regarding the population, services, and performance indicators is a key mechanism for tracking the provision and sustainability of service provision. It provides for recognition of system strengths, and early detection of emerging issues.

Status of Key System Commitments

Over the past decade of service system development, key commitments have remained on the “front burner” because they represent the infrastructure and practices necessary for Hawaii to maintain an effective system of service delivery that reflects community values. These commitments are tracked and reported on in this report primarily through data presentation, including the tracking and interpretation of trends. Key findings for the reporting quarter are:

1. *The system will continue to hire and retain qualified teachers and other therapeutic personnel necessary to educate and serve children consistently.*

For this reporting period, the Department of Education allocated more than 2,120 special education teacher positions in the classrooms throughout the state. Eighty-eight percent of the positions were filled by qualified special education teachers. The Department maintains its continuous recruitment and hiring of qualified teachers to meet the ongoing needs for all schools and complexes across the State. The Department continues to deal with the challenge of filling all of the educational assistant positions needed in the classrooms. More than 84% of School-Based Behavioral Health services continue to be provided to students by employee-based personnel within the Department and the balance through contracted providers.

For CAMHD, vacancies and the length of time it takes to fill mental health care coordinators and central administrative positions, the workforce continued in a

downward trend. Central Administrative offices vacancies are impacting key infrastructure functions including billing, monitoring and quality management, training, and information systems management. Overall, across the Division there are 64 FTE positions under recruitment, or a 26% vacancy rate for all CAMHD positions.

Several legislative proposals are being prepared that are designed to address challenges to the stability of the CAMHD infrastructure. The broader issue regarding the length of time to fill positions in the Family Guidance Centers (FGCs) under the civil service system likely needs a review of impact on service provision at the policy level.

None of the Family Guidance Centers met the performance goal for filled care coordinator positions as compared to five of the seven last quarter. The Central Administrative Office also did not meet its performance goal of 90% filled positions, as an average of 70% of these positions were filled in the quarter. Vacancies in key clinical positions continued in the FGCs including two psychologist vacancies at the Family Court Liaison Branch (one vacant since July 2004, the other since January 2005), and a Clinical Director vacancy in Kona (vacant since February 2005).

The statewide average caseload is expected to be in the range of 15-20 youth per full time care coordinator. This quarter the caseloads were beyond the targeted range at 20.2 youth per care coordinator. Caseloads are at their highest level since measurement on this indicator began in 2001, and this is the first time that the statewide average caseload has gone beyond the targeted range.

2. *The system will continue to purchase the necessary services to provide for the treatment of children appropriate to the individual needs of the child.*

The number of students identified with Autism Spectrum Disorders (ASD) in the State has increased 6.2% since last year. The Department of Education maintains 34 different contracts with private agencies to provide the following services: assessments, behavioral interventions, intensive services, psychiatric services, and intensive learning centers and schools. Also included are Community-Based Instruction Programs and ASD Programs and Services, on an as needed basis.

The current contracts for private providers will continue through June 2007. The Department has begun developing Requests for Proposals for release in approximately October 2006 to solicit private agencies to provide services to students with autism when the Department does not have the internal capacity to provide the service.

Services awarded through the CAMHD request for proposals (RFP) for Comprehensive Behavioral Health Services for Children, Youth and Families are being implemented statewide. Several services were not awarded due to non-response, and another RFP will be issued to assure statewide coverage for the entire service array. During the interim, contract extensions were implemented to ensure coverage while CAMHD reprocures these services.

3. *The system will monitor itself through a continuous quality management process.*

The Department of Education maintains an Information Management system (Integrated Information Management System-ISPED) to monitor and sustain high levels of system performance. Key system performance indicators for this quarter provided evidence of the system meeting the goals for timeliness, accessibility, and appropriateness of support and services.

The Department is presently working on replacing the present ISPED system with an integrated system that will merge ISPED with two other separate web applications, CSSS and SSIS. This will enable relevant student data to be accessed through one integrated data base system.

Issues that the Department of Education continues to address are reducing the number of due process hearing requests and 100% acceptable internal monitoring reviews by all complexes.

CAMHD's Performance Management system monitors performance at all levels of service delivery and actively uses data to make decisions about adjustments to its program. The overall results for the reporting quarter, based on analysis of performance presented in this report, suggest that in many areas, CAMHD's functioning is comparable to that of previous quarters. However, due to the continued and growing problem of vacancies experienced across the Division, there was continued decline in performance in a number of critical areas including caseloads, access to services, Family Guidance Center performance, and committee measures. Almost half (45%) of CAMHD's measures were not met in the quarter, which is the same performance as last quarter and a 12% decrease over the same period as last year.

Overall, many of the core infrastructure measures are continuing to show signs of decline and of impacting other areas of CAMHD's system. Human resources, particularly hiring and retaining qualified mental health care coordinators and Central Office administrative staff continued to challenge CAMHD's ability to maintain a stable service delivery infrastructure. The total number of youth served declined again this quarter, and the total size of the CAMHD population was smaller this quarter than it was a year ago. Service utilization trends for Hospital-based and use Community Residential services increased in the quarter. Utilization of Therapeutic Foster Homes increased over the previous quarter, and also increased over the same period last year.

Internal Reviews conducted in the school complexes marked the beginning of the fifth year of implementing an internally driven system for examining the performance of local service systems in providing services and supports for students with special needs. Ten complexes completed internal or external reviews during quarter.

Previous and current performance data for the Departments are available through Departmental websites: (<http://165.248.6.166/data/felix/index.htm> and <http://www.hawaii.gov/health/mental-health/camhd/index.html>).

4. *The system will ensure teachers, therapists, and other support staff continue their professional development and improve their skills and knowledge of effective educational and therapeutic methods and techniques.*

The Department of Education continued to conduct seminars and training for teachers in data collection and analysis, classroom management, and the referral process. Online courses continued to be offered statewide for teachers in a variety of subject areas to improve classroom instruction. Technical assistance by resource teachers were conducted with follow up observation and visits with special education and regular education teachers. Training for educational assistants continued to be offered this quarter to meet the requirements of the “No Child Left Behind” Act. As of September 2006, all of the 183 newly hired special education teachers have been trained on reading strategies for special needs students.

CAMHD’s Practice Development section was active during the quarter in providing several training programs including training partnerships with the Department of Human Services. Work on CAMHD’s grant-funded initiative to minimize the use of seclusion and restraint in residential treatment facilities continued.

Report Format

Following this brief introductory overview, the report format is as follows. The second section reports on the results of Integrated Monitoring conducted by the DOE and DOH during the quarter. Complexes and Family Guidance Centers conduct this evaluation of system performance through aggregated data and results of case-based reviews. Community members also participate in the reviews that continue to provide information for local service delivery improvements. Future reports written for public consumption will combine information on Internal Reviews and the Statewide Quality Assurance system into a new section titled Integrated Accountability System.

The third section presents information specific to the DOE. This section has two major sections: Infrastructure and Performance.

The fourth and fifth sections contains information specific to the Department of Health (DOH). Within this section are reports from Child and Adolescent Mental Health Division and Early Intervention Services.

Within each of the sections, primarily in the summary, the Departments include their specific commitments to address issues that are identified. For issues related to Integrated Performance Monitoring, both Departments make the improvement commitments jointly.